



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

CHARITABLE ORGANIZATIONS / SPONSORSHIP  
REGISTRATION APPLICATION

Solicitation of Contributions,  
Chapter 498, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FreshFromFlorida.com • 850-410-3800

Make Check or Money Order  
Payable to FDACS and remit  
with application to:

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. All fees are non-refundable.

Business Information

☒ New Application ☐ Renewal CH \_\_\_\_\_ DTN \_\_\_\_\_  
(as listed on the preprinted renewal application)

1. Legal Name of Organization:

WeBuildTheWall, Inc.

\* Fictitious (DBA) Name:

*"If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations."*

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop):

7940 Front Beach Road, #1042

City: Panama City Beach State: FL Zip Code: 32407

Mailing Address (if different from above):

City: State: Zip Code:

3. Telephone Number:

(850) 320 - 7481

Fax Number:

( ) -

Email Address for Organization:

info@webuildthewall.com

Website:

www.webuildthewall.us

4. Registration Application Type: (ss. 496.404(1), 496.404(18), 496.404(25), F.S.)

- ☒ Charitable ☐ Charitable/Parent  
☐ Sponsor ☐ Sponsor/Parent

5. Form of organization: (ss. 496.405(2) (f), F.S.)

- ☒ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship  
☐ Other (please describe):

Date incorporated or legally established:

12 / 28 / 2018  
Month Day Year

State:

Florida

6. Federal Employer ID Number (s. 119.092, F.S.):

833 - 040627

Org Code: 42 10 06 25 000

EO: A2

Object Code: 001133

\$10.00 - \$400.00

DTN/FAID: 3166645

19-05012845-0001

10.00 02/15/2019

Reg#991267

7. List all officers, directors, trustees, and principal salaried executive personnel: Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number. [s. 496.405(2)(g)2, F.S., s. 496.405(d)(5), (6), F.S.] (attach additional sheets as necessary using the same format)

<b>Name:</b> Brian Kolfage	
<b>Title:</b> President, Director	
<b>Street Address:</b> 7940 Front Beach Road #1042	
<b>City:</b> Panama City Beach	
<b>State:</b> Florida	<b>Zip Code:</b> 32407
<b>Telephone Number:</b> ( 850 ) 320 - 7481	
<b>Compensated?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Criminal History:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b> Duston Stockton	
<b>Title:</b> Director	
<b>Street Address:</b> 7940 Front Beach Road #1042	
<b>City:</b> Panama City Beach	
<b>State:</b> Florida	<b>Zip Code:</b> 32407
<b>Telephone Number:</b> ( 850 ) 320 - 7481	
<b>Compensated?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Criminal History:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b> Kris W. Kobach	
<b>Title:</b> Director	
<b>Street Address:</b> 7940 Front Beach #1042	
<b>City:</b> Panama City Beach	
<b>State:</b> Florida	<b>Zip Code:</b> 32407
<b>Telephone Number:</b> ( 850 ) 320 - 7481	
<b>Compensated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Criminal History:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b>	
<b>Title:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b> ( ) -	
<b>Compensated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b>	
<b>Title:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b> ( ) -	
<b>Compensated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b>	
<b>Title:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b> ( ) -	
<b>Compensated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**8a. List all branch offices, chapters or affiliates located in the state of Florida. If you are a parent organization that submits a consolidated financial statement, you may skip Question 8a. and list your branches and affiliates on the Supplemental Consolidated Financial Statement on page 11. (attach additional sheets as necessary using the same format)**  
**[s. 496.405(2)(g)1, F.S.]**

<b>Name:</b> Brian Kolfage	<b>Name:</b> _____
<b>Street Address:</b> 7940 Front Beach #1042	<b>Street Address:</b> _____
<b>City:</b> Panama City Beach	<b>City:</b> _____
<b>State:</b> Florida	<b>State:</b> _____
<b>Zip Code:</b> 32407	<b>Zip Code:</b> _____
<b>Telephone Number:</b> ( 850 ) 320 - 7481	<b>Telephone Number:</b> (       )       -
<b>Email:</b> info@webuildthewall.com	<b>Email:</b> _____

**8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records. [s. 496.405(2)(g)1, F.S.]**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

( ) -

**9. List name of the individuals or officers who are in charge of any solicitation activities: [s 496.405(2)(c), F.S.]**

<b>Name:</b> Brian Kolfage	<b>Street Address:</b> 7940 Front Beach Road, #1042, Panama City Beach, Florida	<b>Telephone Number:</b> 850-320-7481
<b>Name:</b>	<b>Street Address:</b>	<b>Telephone Number:</b>

**Criminal History:** ☐ Yes ☒ No

**10. List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]**

<b>Name:</b> Brian Kolfage	<b>Street Address:</b> 7940 Front Beach Road, #1042, Panama City Beach, Florida	<b>Telephone Number:</b> 850-320-7481
<b>Name:</b>	<b>Street Address:</b>	<b>Telephone Number:</b>

**Criminal History:** ☐ Yes ☒ No

11. Month/Day fiscal year ends: [s 496.405(2)(g)3, F.S.] 12 / 31  
Month Day

12. Has your organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

☐ Yes 501(c)\_\_\_\_\_ If yes, you must attach a copy of the tax exemption determination letter from the IRS.  
(insert number)

☐ No

☒ Pending (tax exemption determination letter must be submitted with renewal or 30 days after receipt)

☐ Revoked

13. What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. It is best to summarize this information in your own words. Use only the space provided.) [s. 496.405(2)(b), F.S.]

The purpose of the Corporation shall be to: promote social welfare within the meaning of Section 501(c)(4) of the Internal Revenue Code, including but not limited to funding, construction, administration, and maintenance of United States Southern Border Wall and the processes associated therewith.

14. What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) [s. 496.405(2)(b), F.S.]

Contributions will be used for funding, construction, administration, and maintenance a United States Southern Border Wall.

15. List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) [s. 496.405(2)(g)4, F.S.]

Soliciting funds through GoFundMe and directly hiring an administrative director and staff, traveling to Texas and Arizona or other affected states to meet with landowners, employing professional legal, accounting, and engineering professionals.

16. Does the charitable organization or sponsor employ a professional solicitor? [s. 496.405(2)(e), F.S.]

☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.  
(attach additional sheets as necessary using the same format)

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Florida Registration Number:

( ) -

SS- \_\_\_\_\_

Dates of contract:

Beginning Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

End Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

17. Does the charitable organization or sponsor employ a professional fundraising consultant? [s. 496.405(2)(e), F.S.]

☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.  
(attach additional sheets as necessary using the same format)

Name:

Address:

City:

State:

Zip Code:

**Florida Registration Number:**  
**FC-**\_\_\_\_\_

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

☐ Yes    ☒ No    If yes, attach a copy of the current contract, and provide the following information for each.  
(attach additional sheets as necessary using the same format)

**Address:**

**Telephone Number:**  
(        )        -       

**Dates of contract:**  
Beginning Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year      Month      Day      Year

**19. Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]**  
☐ Yes ☒ No

**20. Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, Florida Statutes in any jurisdiction? (This is not common.)**  
*[s. 496.405(2)(d)4, F.S.]*

☐ Yes ☒ No if yes, attach a copy of the agreement.

**21. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(g)5, F.S.]**

☐ Yes    ☒ No    If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

**Nature of offense:** \_\_\_\_\_

**Date:**        /        /       

                    Month                      Day                      Year

**Court having jurisdiction:**

**Disposition of offense:** \_\_\_\_\_ **Date:**     /     /       
 \_\_\_\_\_   
 *Month Day Year*

Does this individual engage in solicitation activities? ☐ Yes ☒ No

**22.** Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]

☐ Yes ☒ No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Nature of offense:

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Court having jurisdiction:

Disposition of offense:

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Does this individual engage in solicitation activities? ☐ Yes ☐ No

**23.** Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [s. 496.405(2)(d)2, (2)(d)7, F.S.]

☐ Yes ☒ No If yes, please provide the following information for each individual (attach additional sheets as necessary using the same format).

Name:

Court issuing the injunction:

Date of injunction:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**24.** Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

☐ Yes ☒ No If yes, please explain the reasons for the denial, suspension or revocation:

**25.** ☒ I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

**26.** Indicate the type of financial statement you are filing for the immediately preceding fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_: [s. 496.405(2)(a), F.S.]

- ☒ Budget (newly formed organizations only)
- ☐ Department's financial statement form - See pages 8-10
- ☐ 990 and all attachments - See item #26 of instructions for completing the Financial Statement
- ☐ 990-EZ and Schedule O - See item #26 of instructions for completing the Financial Statement
- ☐ 180 Day Extension requested for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.) [s. 496.405(1)(d)2, F.S.]

**27.** Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit ☐ Yes ☒ No

**ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:**

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

**28. Answer the following: [s. 496.426, F.S.]**

- a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

☐ Yes ☐ No

b. Total number of sponsor's members: \_\_\_\_\_

c. Total number of members actively employed as law enforcement or emergency service employees: \_\_\_\_\_

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): \_\_\_\_\_ %

**CONTACT PERSON**

**29. Contact person for the charitable organization or sponsor:**

**Name:**

Brian Kolfage

**Title:**

President, Director

**Telephone Number:**

( 850 ) 320 - 7481

**Email Address:**

info@webuildthewall.com

**CERTIFICATION**

I, Brian Kolfage, am the President,  
Name Title  
completing the application for WEBUILDTHEWALL, INC.  
Name of Organization or Company

**And further state as follows: (Please check all that apply)**

- ☒ I have read the registration application and know the contents thereof; and
- ☐ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

Brian Kolfage  
Signature

Brian Kolfage  
Printed Name

2/14/2019  
Date

( 850 ) 320 - 7481  
Telephone Number

info@webuildthewall.com  
Email Address

CH \_\_\_\_\_

DATE \_\_\_\_\_

DTN \_\_\_\_\_

**ANNUAL CERTIFICATION OF COMPLIANCE WITH  
CONFLICT OF INTEREST POLICY** (sample)

Pursuant to s. 496.4055(2), Florida Statutes, WEBUILDTHEWALL, INC. has  
(Name of Organization/Sponsor)

adopted a policy regarding conflict of interest transactions. All directors, officers, and trustees of the charitable organization hereby certify compliance with the adopted policy.

	NAME	SIGNATURE	DATE
1.	Brian Koffage	<i>Brian Koffage</i>	2/4/2019
2.	Kris Kobach	<i>Kris W. Kobach</i>	2/11/2019
3.	Duston Stockton	<i>Duston Stockton</i>	2/4/2019
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____

(continue on additional pages if necessary)



# BARNES & THORNBURG LLP

Hope Gant  
Legal Administrative Assistant  
404-264-4025  
[hope.gant@btlaw.com](mailto:hope.gant@btlaw.com)

Prominence in Buckhead  
3475 Piedmont Road, N.E., Suite 1700  
Atlanta, GA 30305-3327 U.S.A.  
(404) 846-1693  
Fax (404) 264-4033  
  
[www.btlaw.com](http://www.btlaw.com)

February 12, 2019

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

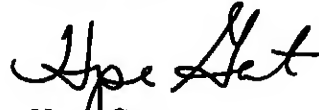
Re: WeBuildTheWall, Inc.  
Charitable Sponsors / Organizations Registration Application

Dear Sir/Madam:

Enclosed for filing is a Charitable Organizations / Sponsors Registration Application for WeBuildTheWall, Inc., along with a check in the amount of \$10.00 for the registration fee.

Please contact Emily Bowlin (404-264-4011) or [ebowlin@btlaw.com](mailto:ebowlin@btlaw.com) should you have any questions. Thank you for your assistance with this matter.

Sincerely,



Hope Gant  
Legal Administrative Assistant

Enclosures